Minnesota Department of Labor and Industry 443 Lafayette Road North St. Paul, MN 55155-4342

none: (651) 284-5064

For Department Use Only Fund Appr **RSC** Org 174 CCL 4570 4220

Fax: (651) 284-5749

www.dli.mn.gov	Request for Elect	rical Inspection	- One Family D)welling	/Associated St	tructure
Date	Rough-In Inspection Required? Yes					Ready Now
	Contractor Must Schedule All Rough-In Inspections		Contractor Must Schedule All Fina		= '	
Address of Inspection – Street			City/Township		County	
Owner Name			Project Description			
Owner Telephone Number(s) – Include Area Code(s)						
Contractor Name Contractor Mail		Contractor Mailing Add	ress			
Contractor Telephone Number		Contractor E-mail Addre	Electrical Utility			
Contractor Authorized Signature		Contractor License Nur	nber	Job/Project Contact Person		
		Fee Calo	culation			
New Home or Associated Structure			Existing Home/Structure Remodel or Addition			
New Dwelling Service/Power Supply 0 – 400 ampere @ \$35			New Service/Power Sup	ply	0 – 400 ampere @ \$35	
New Dwelling Service/Power Supply 401 – 800 ampere @ \$60			New Service/Power Supply 401 – 800 ampere @ \$60			
New Dwelling Feeders/Circuits			New/Extended Feeders/Circuits – Up to 15 Feeders/Circuits			
Up to 30 Feeders/Circuits - \$100 New Home – More than 30 Feeders/Circuits (in addition to			() Feeders/Circuits @ \$6 Each or 16 to 30 @ \$100 New/Extended Feeders/Circuits – More Than 30 Feeders/Circuits			
above) () Feeders/Circuits Up To 200 A @ \$6 Each			() Feeders/Circuits Up to 200 A @ \$6 Each			
Other (Specify)			Reconnected Feeders/Circuits			
				() F	eeders/Circuits @ \$2 E	ach
Detached Garage or Other Associated Structure			Detached Garage or Other Associated Structure			
New Service/Power Supply 0 – 400 ampere @ \$35			New Service/Power Supply 0 – 400 ampere @ \$35			
New Feeders/Circuits () @ \$6 Each			New/Extended Feeders/Circuits () @ \$6 Each			
Other (Specify)			Reconnected Feeders/Circuits () @ \$2 Each			
Other (Specify)			Other (Specify)			
Total (the fee calculated above or \$35 multiplied by the number of required inspection trips, whichever is greater)			Total (the fee calculated above or \$35 multiplied by the number of required inspection trips, whichever is greater)			
	ical Inspection (REI) with a fee o iod or submit another REI that i		or the uncompleted work.			
	A se	vice charge of \$30 will be a		ecks.		
I hereby certify that I inspected the electrical installation herein on the dates stated: Rough – In Inspection(s) Date			For Department Use Only			
Final Inspection		Date				

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.